Minutes of the meeting of the Managed Care Committee of the Board of Directors of the Cook County Health and Hospitals System held Thursday, May 21, 2015 at the hour of 10:00 A.M. at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Lerner called the meeting to order.

Present: Chairman Wayne M. Lerner, DPH, LFACHE and Directors Emilie N. Junge and Carmen Velasquez (3)

Director Ada Mary Gugenheim

Present Telephonically: Board Chairman M. Hill Hammock (ex-officio)

Absent: None (0)

Additional attendees and/or presenters were:

Douglas Elwell – Deputy CEO of Strategy and Finance
Steven Glass – Executive Director of Managed Care
Randolph Johnston – System Associate General Counsel
Elizabeth Reidy – General Counsel
Deborah Santana – Secretary to the Board

II. Public Speakers

Chairman Lerner asked the Secretary to call upon the registered public speakers.

The Secretary called upon the following registered public speaker:

1. Judy King Concerned Citizen

III. Report on CountyCare Health Plan (Attachment #1)

A. Metrics

Steven Glass, Executive Director of Managed Care, reviewed the Report on the CountyCare Health Plan. Douglas Elwell, Deputy Chief Executive Officer of Strategy and Finance, provided additional information.

During the discussion of the information regarding members by Medicaid category on slide 7, Chairman Lerner inquired as to how the changing distribution of members will affect or change the way CountyCare operates. Mr. Glass responded that this will affect the innovations and new projects that will be considered and put into play. As one thinks about initiatives with the justice-involved population, involving more of the Affordable Care Act (ACA) adult population, that has really been the focus. Although it is possible, it is not believed that many children associated with the Juvenile Temporary Detention Center make up a significant portion of members in the Family Health Plan population. The changing distribution of members also requires operational changes to make sure the network is sufficient for both populations; the administration is confident that the network is strong, as it is really anchored with the safety-net providers and the Federally Qualified Health Centers, who have a long history of serving women and children. With regard to changes that may need to be considered for services provided in the network, he noted that the administration is currently talking with a provider regarding specialty transplants for kids; this is for a very specialized and small population, and it is something that would not have been thought of six months ago - today it is something to consider and review.

III. Report on CountyCare Health Plan (continued)

Chairman Lerner indicated that he would like to return to that subject in the future; he stated that this is an intriguing question, as an evolution is being seen in the population served. Perhaps not in June, because it is too early and he would like to see more trend lines, but maybe in September the Committee can come back and really discuss the issues of the populations being served, what is the network required to serve them and what are the risk parameters in each of these populations that may be different.

With regard to the information on Medicaid cancellations due to members not completing the redetermination process on slide 10, Chairman Lerner inquired whether there are any other initiatives that could be done to try and control this process; he suggested sending community case workers out to talk to people to help bring applications in for processing. Mr. Glass provided information on the initiatives currently in place for this; these initiatives include phone calls and mailings to members. These initiatives raise member awareness, but in many cases do not effect a call to action by the member. He noted that the State is moving to a new system in the Fall, which will allow individuals to go online to complete their redetermination. That system is supposed to launch sometime in September or October; when that occurs, the administration will be able to really re-examine how to work with the provider network and consider other initiatives, such as deploying community workers and giving them the ability to go into someone's home with a mobile device to assist with the completion of the application. Chairman Lerner stated that, compared to the cost associated with members not completing the redetermination process, it may be worth the investment of something relatively small, such as utilizing community health workers or patient advocates. In addition to considering the effects of redeterminations from a financial point of view, more importantly, there has been an investment in these people's health; there will likely be negative consequences for them if they drop out of coverage and have to start all over again or if the benefit is given to someone else.

Director Junge inquired whether a system was put in place to help the doctors flag patients, so the doctors would know if a patient was nearing or within the redetermination process timeframe. Mr. Glass responded that he believed that was the approach that was going to be internally taken; he will confirm if that has been put in place. He added that this information was provided to the Medical Home Network (MHN); MHN is now putting this information into their MHN Connect tool. When staff at CCHHS clinics and network providers go into MHN Connect to see what is going on with a patient, they will have this redetermination information in there, as well.

Director Velasquez inquired whether outreach takes place at churches and faith-based organizations on Saturdays and Sundays. Mr. Glass responded that Marcelino Garcia, Director of Community Affairs, is responsible for outreach activities; he will ask Mr. Garcia to provide information on that subject to Director Velasquez. Director Velasquez commented that a community health worker is at his or her best in that environment, as that is where the action is; an amount of money will have to be invested to do this, but it produces many positive results, including the establishment of a trust relationship with the community, which takes time and effort. Mr. Elwell stated that the administration is expanding the community liaison effort and have been bringing that in-house to a certain degree. In the Waiver period, there was quite a bit of flexibility as CountyCare for outreach activities; due to Medicaid marketing and outreach rules, there is less flexibility as a health plan. There is more freedom for CCHHS as the provider to do this; this will require a plan that outlines the investment and staffing that will be needed. He believes that, if these activities can be moved to the provider, in addition to increased flexibility, there is a chance that a 50% participation rate could be received from the federal government.

III. Report on CountyCare Health Plan (continued)

Director Velasquez inquired whether enrollment activities take place at Malcolm X College, which has a large student body. Mr. Glass indicated that CCHHS and Mr. Garcia have a very good working relationship with the City Colleges of Chicago, which includes Malcolm X College. Mr. Glass stated that they are very active and present at the City Colleges; he will work with Mr. Garcia to get some additional information on those activities for Director Velasquez in response to her inquiry.

With regard to slide 12, Chairman Lerner inquired whether data can be presented regarding ACA population utilization under the network partners. Mr. Glass responded affirmatively. He stated that they track both internal and external utilization; for external utilization, they are able to break it down to the provider level. Chairman Lerner stated that, at some point in the future, the Committee can do a drill-down about the network; he would like to look at utilization within the network, see how much of it is coming here versus the network, see who is at-risk and who is not, and see who is getting paid on a per-member per-month basis versus fee-for-service. Board Chairman Hammock inquired whether data is collected in a way that can show across the County the locations of the clinics and the number of people who are using those locations - a "heat map," so to speak, of the County in geographic distribution. Mr. Glass stated that one of the things they do track in the geographic distribution is where the dollars flow; one could assume that is where the individuals are, as well. This map can likely be changed to look at individual utilization across the County. Chairman Lerner requested that this be presented as part of an internal strategic review of the CountyCare Health Plan at some future date, when there is a substantial amount of time. He suggested that this take place at a Board Meeting; this type of drill-down would be beneficial for the Board, because this involves the discussion of the kinds of things that will lead to the continued success of CountyCare. Board Chairman Hammock concurred with the suggestion.

During the discussion of the information on the 60-day Medicaid cuts on slide 14, Chairman Lerner requested an update on any expected or anticipated issues in terms of the State's budget or regarding the continued fight over the pension liability; he noted that, perhaps more worrisome over the long haul is the transfer of responsibility from the federal government to the state government for Medicaid, as the ACA is implemented. Mr. Elwell stated that, at the federal level, things are heating up. The concern that the administration is hearing from lobbyists is this is going to end up being a compromise; there are great concerns that things that would never been agreed to historically may get agreed to as part of the deal. At the State, they are in a very difficult budget situation. Mr. Elwell stated that there are hospitals that want to reverse the whole managed care deal and return to a fee-for-service arrangement. Those hospitals are arguing that the current arrangement is too expensive, and are using as an example some of the moneys paid to safety-net hospitals; part of that relates to the unique way that payments to safety net hospitals in the State of Illinois have come about over the years. The administration also continues to have major concerns about potential reductions to funding of behavioral health services; those services have been extraordinarily underfunded for a long time, and were the major subject of the Waiver. As the administration looks at the criminal justice responsibilities and its responsibilities to the community, any reduction will have significant negative effects.

Chairman Lerner stated that this update is not only relevant to CountyCare, it is relevant to the whole System and its strategic direction and competition in the area. His hope is that, at the Board level, a broader strategic discussion can be held about some of these factors that play into it; his fear is that the patients will get hurt as a result. He thanked Mr. Elwell for the update, and suggested that the Committee receive updates like this in the future on a regular basis.

With regard to the Stakeholder and Enrollee Advisory Committee Meetings referenced in the report, Director Gugenheim requested further information, as she would like to attend meetings in the future.

III. Report on CountyCare Health Plan (continued)

Chairman Lerner referenced the Enrollee Advisory Committee Survey results included in the report. He commented that the Committee is starting to really reach into the area of social attributes; he believes that the CountyCare members should be engaged in a broader discussion about social attributes and how those are affecting their physical and clinical health. This would be a great project for a school of public health; some graduate students could go out in the community and engage people in a face-to-face dialogue, help them fill out surveys, and then use that information to not only look at the utilization trends but how to intervene. Additionally, this type of information can be invaluable when the subject of budgetary interventions is introduced by politicians.

Chairman Lerner stated that there are two particular areas that impact not only CountyCare but also the broader System that really need to be addressed – behavior health and the post-acute side of the equation. Since there has been a fair amount of media recently about C4, he asked Mr. Glass, as part of the drill-down for next month, to also start to get at the behavioral health side.

Chairman Lerner noted that the way the Board has separated the responsibilities of managed care is that the Finance Committee has put its arms around one segment, and the Managed Care Committee has put its arms around another segment. The Managed Care Committee and enterprise is really moving in its ability to look at quality from a broad point of view. Clinical quality, member and provider satisfaction and employee satisfaction all relate to quality; eventually the Committee will get to metrics that look at all of these. Additionally, the Committee will need to get to a metric that looks at health status of health plan members, as well as for the rest of the people served.

Chairman Lerner stated that, given the fact that the Audit and Compliance Committee meets every other month and has an extensive agenda, the Managed Care Committee, for the foreseeable future, will move to a 10:30 A.M. start time; if an adjustment needs to be made in the future, it can be done.

IV. Action Items

A. Minutes of the Managed Care Committee Meeting, April 16, 2015

Director Junge, seconded by Director Velasquez, moved to accept the minutes of the meeting of the Managed Care Committee of April 16, 2015. THE MOTION CARRIED UNANIMOUSLY.

B. Any items listed under Section IV

V. Adjourn

As the agenda was exhausted, Chairman Lerner declared that the meeting was ADJOURNED.

Respectfully submitted,
Managed Care Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXX
Wayne M. Lerner, DPH, LFACHE, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

ATTACHMENT #1

CountyCare Report

Prepared for: CCHHS Board Managed Care Committee

STEVEN GLASS, EXECUTIVE DIRECTOR, MANAGED CARE

MAY 21, 2015

Report Format

Metrics

- Membership
- Risk Management
- Care Management
- Operations

Programmatic

- 60-day Reductions in Provider Payments
- Provider & Member Quality Measures

Updates to Metrics

Measure	Edit/Change
Health Plan Comparisons	Added health plan sponsoring organization(s)
Cancellations by Type	New graph showing CountyCare cancellations due to failure to rede
Utilization Management	Changed to ACA Adults only to apply beginning of FY baseline
CCHHS Utilization	Changed to ACA Adults only to reflect population usage of CCHHS services
ACA CCHHS Utilization	Changed from monthly to quarterly reporting allowing for better aggregation of claims

Membership

Data as of: 5/4/2015 | Source: Daily Membership (834) File

Key Measures	Mar'15	Apr'15	May'15	Change From Prior Month	Trend	FYTD'15 Budget or Goal	% to Budget/ Goal
Monthly Membership	153,118	179,393	183,415	2.2%	↑	155,860	117.7%
ACA	*85,984*	*92,270*	*90,491*	-1.9%	↓	*76,869*	*117.7%*
FHP	*64,494*	*84,324*	*90,140*	6.9%	↑	*74,506*	*121.0%*
SPD	*2,640*	*2,799*	*2,784*	-0.5%	↓	*4,485*	*62.1%*
Home/Community Waiver (incl DD)	*474*	*500*	*501*	0.2%	↑		
LTC	*156*	*161*	*176*	9.3%	↓		
FYTD Member Months	464,097	643,490	826,905			847,159	97.6%
ACA	*323,223*	*415,493*	*505,984*			*489,740*	*103.3%*
FHP	*133,093*	*217,417*	*307,557*			*333,518*	*92.2%*
SPD	*7,781*	*10,580*	*13,364*			*23,902*	*55.9%*

Gender = 56% Female; 44% Male

Average age = Female: 32 y/o; Male: 30 y/o

Membership Adds & Deletions

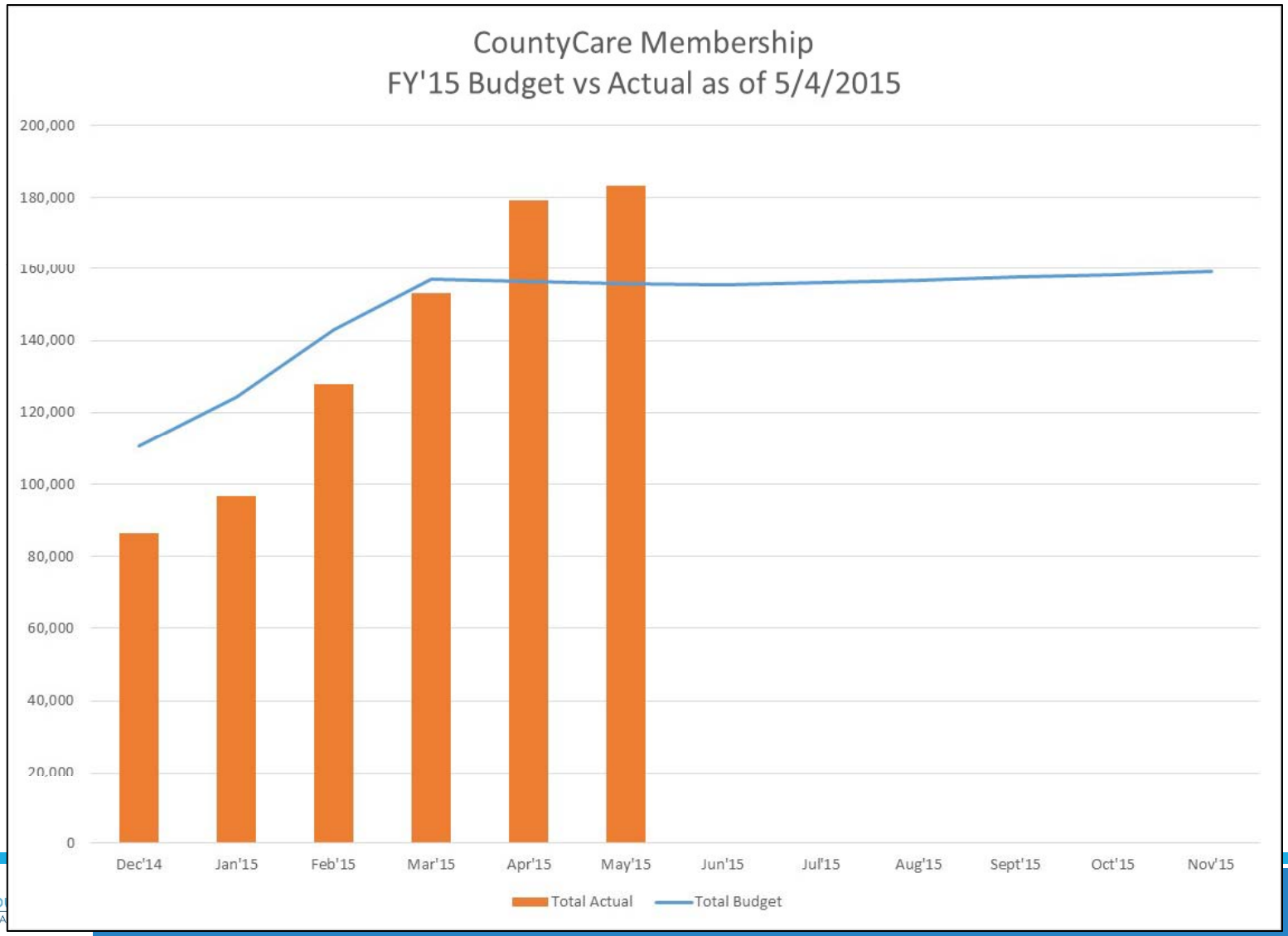
Data as of: 5/4/2015 | Source: Daily Membership (834) File

	Dec'14	Jan'15	Feb'15	Mar'15	Apr'15	May'15
Month Begin Membership	82,374	86,367	97,211	133,790	158,026	181,913
ACA Adults	115	1,168	5,917	4,649	707	(460)
FHP	3,558	9,460	30,569	19,523	23,109	1,931
SPD	320	216	93	64	71	63
Total Net Change	3,993	10,844	36,579	24,236	23,887	1,534
Month End Membership	86,367	97,211	133,790	158,026	181,913	183,447

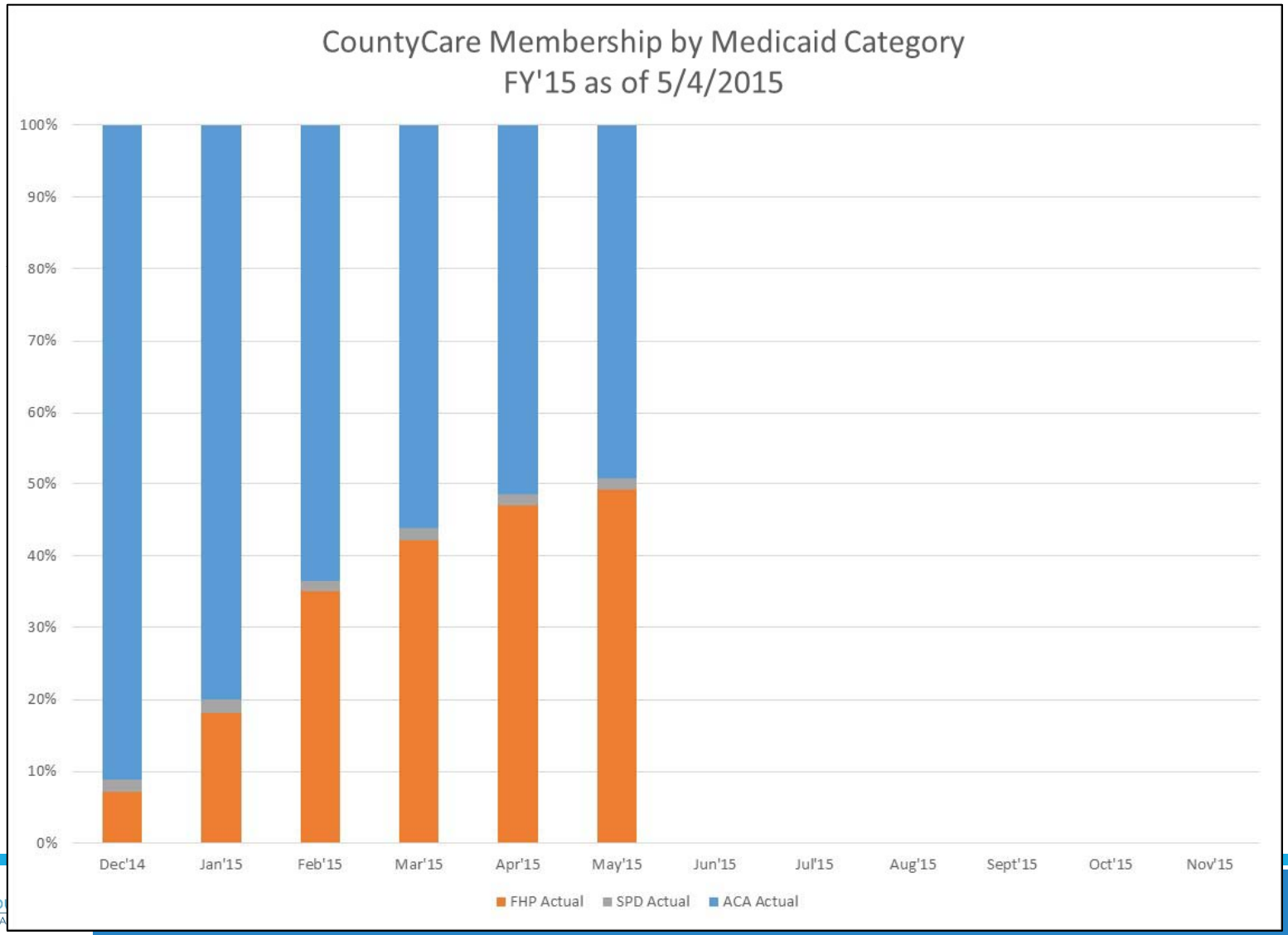
CountyCare Members received choice mailing in Feb'15; Changes in membership effective 5/1

10,106 redetermination letters sent Mar'15; Changes in membership effective 5/1 and 6/1

Membership Trend to Budget



Members by Medicaid Category



Health Plan Comparison

Source: IL HFS, Greater Chicago Region

FHP/ACA Adults, Greater Chicago Region

Health Plan	Sponsoring Organization(s)	Feb'15 #	Mar'15 #	Apr'15 #	Apr'15 % Total	# Change Month Prior	% Change Month Prior
Family Health Network	Mt. Sinai, Norweigan, Resurrection, St. Anthony, St Bernard	213,537	195,996	181,459	13.0%	(14,537)	-7.4%
CountyCare	**Cook County/CCHHS**	**123,920**	**149,005**	**176,597**	**12.7%**	**27,592**	**18.5%**
Blue Cross Blue Shield	Health Care Services Corp.	112,352	142,468	163,530	11.7%	21,062	14.8%
Harmony Health Plan	WellCare	120,630	119,459	137,257	9.8%	17,798	14.9%
IlliniCare Health Plan	Centene, Inc.	102,208	120,302	134,587	9.7%	14,285	11.9%
Meridian Health Plan		87,161	101,595	111,923	8.0%	10,328	10.2%
Aetna Better Health Inc.		77,676	94,892	106,144	7.6%	11,252	11.9%
Advocate Accountable Care (ACE)	Advocate Physician Partners	75,948	83,117	87,162	6.3%	4,045	4.9%
SmartPlan Choice (ACE)	Presence Health Partners, Independent Phys Alliance of IL	60,162	72,331	72,291	5.2%	(40)	-0.1%
MyCare Chicago (ACE)	Lurie, Mercy, Norweigan, Swedish/Asian Human Svcs, Erie, Heartland HC, Mercy, Near North, PCC/C4	30,628	47,266	55,496	4.0%	8,230	17.4%
Community Care Partners (ACE)	NorthShore, Vista, Lake County Health Dept, Erie	37,195	38,854	38,982	2.8%	128	0.3%
HealthCura (ACE)	Access Community Health Network	20,908	20,380	32,365	2.3%	11,985	58.8%
Better Health Network (ACE)	St Bernard's, Loretto, South Shore, Roseland/Aunt Martha's, Beloved	11,860	21,292	29,632	2.1%	8,340	39.2%
UI Health Plus (ACE)	UI Health	12,926	23,707	27,650	2.0%	3,943	16.6%
Loyola Family Care (ACE)	Loyola Univ Health System	22,060	23,780	23,501	1.7%	(279)	-1.2%
Next Level (CCE serving ACA only)		2,174	9,222	9,177	0.7%	(45)	-0.5%
Illinois Partnership for Health (ACE)	Blessing Health System, Cadence, Decatur Memorial, KishHealth, Memorial Health, OSF, Riverside Medical Ctr, Rockford Health System, Carle Fdn	3,676	3,610	3,674	0.3%	64	1.8%
Lurie Children's Health Partners (CSN CCE)	Lurie Childrens Hospital	1,596	1,688	1,678	0.1%	(10)	-0.6%
LaRabida Coordinated Care Network (CSN CCE)	La Rabida Childrens Hospital	595	637	541	0.0%	(96)	-15.1%
Total		**1,117,212**	**1,269,601**	**1,393,646**		**124,045**	**9.8%**

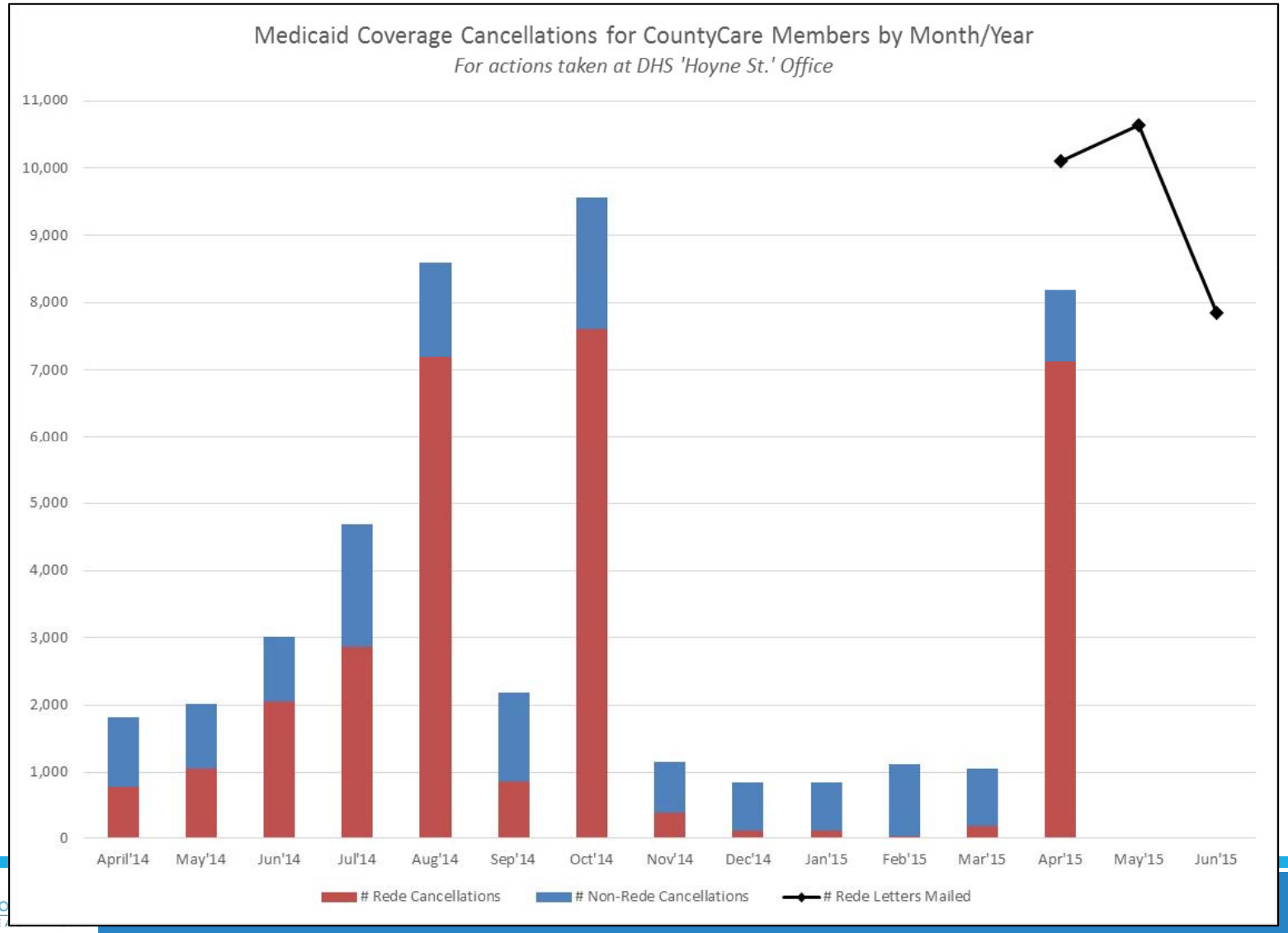
Health Plan Comparison

Source: IL HFS, Chicago Region (includes suburban Cook & Collar Counties)

ICP Greater Chicago Region (SPD population)

Health Plan	Sponsoring Organization(s)	Feb'15 #	Mar'15 #	Apr'15 #	Apr'15 % Total	# Change Month Prior	% Change Month Prior
Aetna Better Health Inc.		29,130	28,852	28,640	30.1%	(212)	-0.7%
IlliniCare Health Plan Inc.	Centene Inc.	27,785	27,372	27,178	28.5%	(194)	-0.7%
Community Care Alliance of Illinois	Family Health Network	7,793	7,841	7,740	8.1%	(101)	-1.3%
Blue Cross/Blue Shield of Illinois	Health Care Services Corp	5,998	6,201	6,288	6.6%	87	1.4%
Humana Health Plan		4,542	4,588	4,524	4.7%	(64)	-1.4%
Meridian Health Plan		4,332	4,447	4,457	4.7%	10	0.2%
Cigna HealthSpring of Illinois		4,300	4,390	4,410	4.6%	20	0.5%
Next Level (CCE)		3,516	3,423	3,353	3.5%	(70)	-2.0%
CountyCare	**Cook County/CCHHS**	**2,586**	**2,648**	**2,704**	**2.8%**	**56**	**2.1%**
EntireCare (CCE)	Healthcare Consoritum of IL (St Bernard, Chicago Family, St James, MFS, South Shore, Roseland, HRDI, Metro South)	2,584	2,548	2,468	2.6%	(80)	-3.1%
Together4Health (CCE)	Heartland Health Outreach	2,309	2,273	2,175	2.3%	(98)	-4.3%
Be Well (CCE)	MADO Healthcare	1,380	1,384	1,368	1.4%	(16)	-1.2%
Total		**96,255**	**95,967**	**95,305**		**(662)**	**-0.7%**

Medicaid Cancellations



Risk Management

Key Measures	Feb'15	Mar'15	Apr'15	Change From Prior Month	Trend	FYTD'15 Budget or Goal	% to Budget/ Goal
ACA Adult Membership						3/2014 Baseline	
% 19-24 y/o	16.3%	16.2%	15.9%	-0.3%	--	17.0%	-1.1%
% 25-34 y/o	16.0%	16.0%	16.1%	0.1%	--	14.8%	1.3%
% 35-44 y/o	13.4%	13.4%	13.3%	-0.2%	--	13.5%	-0.2%
% 45-54 y/o	26.0%	25.8%	25.0%	-0.8%	--	27.6%	-2.6%
% 55+ y/o	29.0%	28.6%	27.7%	-0.9%	--	27.0%	0.7%
Pharmacy							
# Scripts filled	136,708	179,367	177,742	(1,625)	↑		
% Utilizing Members	31%	32%	29%	-3.0%	↑		
# Scripts/Utilizer	3.44	3.60	3.40	(0.20)	--		
% Generic dispensing	83%	83%	83%	0%	--		
% Brand Single Source	16%	16%	16%	0%	--		
% Formulary	98%	98%	98%	0%	--	98%	0.0%
% CCHHS HIV pt meds @ CCHHS pharmacy	29.8%	33.1%	36.7%	3.6%	↑	80%	-43.3%
% Maintenance Rx on Extended Supply (>84 days)	13.1%	15.1%	30.0%	14.9%	↑	85%	-55.0%
Reinsurance							
# Claims filed	0	0	0	0.0%			

Care Management

Key Measures	Feb'15	Mar'15	Apr'15	May'15	Change From Prior Month	Trend	FYTD'15 Budget or Goal	% to Budget/ Goal
PCMH Assignment								
% Members Assigned to PCMH	99.9%	98.5%	96.7%	96.3%	-0.4%	↑		
% Members Unassigned	0.1%	1.5%	3.3%	3.7%	0.4%	--		
# Assigned CCHHS/ACHN	29,810	33,986	36,268	36,559	291	↑		
% Total Members @ CCHHS/ACHN	23.3%	22.2%	20.2%	19.9%	-0.3%	--		
# Assigned MHN ACO	48,148	59,852	79,542	82,416	2,874	↑		
% Total Members @ MHN ACO	37.7%	39.1%	44.3%	44.9%	0.6%	--		
Member Risk Stratification								
Total Outreached Members YTD	54,894	73,402	75,684		2,282	↑		
Health Risk Assessments/Screenings YTD	19,242	26,829	32,571		5,742	↑		
YTD % High Risk Members	3.1%	2.5%	2.4%		-0.1%	--	2.0%	0.4%
Referral Management								
# Authorizations: Inpatient	1,355	1,677	2,132		455	↑		
# Authorizations: Outpatient	2,092	2,901	3,397		496	↑		
ACA Utilization Management (rolling 12 month)							Nov'14 Baseline	
Admits/1,000 member months	169	175	167		(8)	↑	168	-0.6%
Bed Days/1,000 member months	754	781	740		(41)	↑	737	0.4%
ALOS	4.9	4.5	4.4		(0.1)	--	4.4	0.0%
ED Visits/1,000 member months	1,003	989	967		(22)	↑	1,017	-4.9%
% 30-day Readmissions	22%	23%	21%		-2%	↑	20%	5.0%
ACA CCHHS Utilization (since 7/1/2014)	FY'15 Q1* (N=242,564)		FYTD'15 Q2* (N=143,170)				FY'14 Q4 Benchmark	
Emergency Room	14.2%		14.3%		0.0%	--	17.2%	-2.9%
Hospital Inpatient	12.4%		14.1%		1.7%	↑	10.9%	3.2%
Hospital Outpatient	31.2%		44.7%		13.5%	↑	28.8%	15.9%
Other Medical	0.6%		0.8%		0.1%	--	1.1%	-0.3%
Primary Care	37.7%		32.6%		-5.1%	↓	39.8%	-7.2%
Specialist	12.1%		9.2%		-2.8%	↓	6.8%	2.4%
Total	18.8%		17.9%		-0.9%	--	19.1%	-1.2%

Operations

Key Measures	Feb'15	Mar'15	Apr'15	Change From Prior Month	Trend	FYTD'15 Budget or Goal	% to Budget/ Goal
Call Center						Goal	Goal Met
Call Volume	25,825	29,950	29,374	(576)			
Abandonment rate	2.6%	1.4%	1.4%	0.1%	↑	<4%	Y
Hold time	:00:38	:00:23	:00:27			< :01:00	Y
Average speed to answer	:00:23	:00:13	:00:14			< :00:45	Y
Claims Processing						# Days	Goal Met
# Claims Paid	64,463	93,786	66,926	(26,860)	↓		
# Claims Recv'd	77,544	120,558	157,432	36,874	↑		
	FY'15 Q1		FYTD'15 Q2				
Avg # Days Received-to-Processed	4		4			< 8	Y
Avg # Days Received-to-Paid/Pend	27		22			< 35	Y

** Data incomplete pending claims run-out.*

60-day Medicaid Cuts & MCOs

60-day reduction (5/1-6/30/2015) in payments to Medicaid providers

- Typically around 16.25% reduction
- Many excluded providers including hospitals and FQHCs

'Down-stream' 5% PMPM reduction to MCOs

- Approximately $8.6M reduction to CountyCare

CountyCare is *not* implementing the payment reductions to providers

- Estimated net impact = $10.6M ($8.6M revenue + $2M expense)
- Disruptive to provider network
- Not guaranteed to be permanent
- Additional/different reductions likely starting 7/1

Member/Provider Quality

Four-pronged approach required by MCCN contract

1. Member Satisfaction Survey (Annual)
2. Provider Satisfaction Survey (Annual)
3. Stakeholder Advisory Committee (Quarterly)
4. Enrollee Advisory Committee (Quarterly)

Member & Provider Surveys

Members

- Subcontracted through TPA to Press Gainey
- HCAHPS methodology
- Survey currently underway, initial data due in June

Providers

- Scheduled for August
- Data October/November

Stakeholder Advisory Committee (SAC)

Obligation met through quarterly Provider Town Hall Meetings

Hosted by CountyCare Business Development Office

- Additional CountyCare management staff participation

Provides general updates to provider network as well as Q&A

No formal quantitative data collected

Enrollee Advisory Committee (EAC)

Obligation met through quarterly enrollee meetings

Hosted by CCHHS Community Outreach Department

- Supported by CountyCare enrollee and operations staff

Meetings rotate throughout County with invites to members living within 1 mile from meeting location

- EAC members selected on first-come, first-served basis until 15 replies received
- Quantitative survey mailed with invites

Structured discussion questions focusing on varying topics

March 23, 2015 EAC

Members invited living within 1 mile of Provident Hospital = 1,565

Members attended EAC = 11

- Expected 15; Same day as spring snow storm

Attendee Demographics:

- 100% African-American
- 6 women; 5 men
- 19-30 y/o = 2
- 31-49 y/o = 1
- 50-65 y/o = 8
- CCHHS PCMH = 6

Responses to mailed survey = 99

Discussion Topics

1. Health Plan Communication
2. Medical Care
3. Services
4. Roundtables
5. Information on Specific Services
6. Promotion of CountyCare Hotline
7. Plan Choice
8. Redetermination

Discussion Highlights

Topic	EAC Participants General Feedback
Health Plan Communication	• US Mail preferred • Ok with calls to receive reminders & updates
Services	• Need trainings on how to better access services and resources.
Information on Specific Services	• Should highlight and promote dental, transportation & vision • Few understood how to access transportation services
Plan Choice	• Do not fully comprehend the choices that they will have to make to stay with CountyCare or switch plans. • Did not understand that they would need to select their plan each year and that this process is separate from the redetermination.
Redetermination	• General awareness of need to provide information once a year to keep their Medicaid coverage.

EAC Mailed Survey Results

Question	N	% Yes	% No
In the last 6 months, have you made any appointments for a check-up or routine care at a doctor's office or clinic?	99	88%	12%
A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?	94	72%	28%
Did your personal doctor explain things in a way that was easy to understand?	87	72%	28%
In the past 6 months, have you called our member services phone number (312-864-8200)?	96	56%	44%
Did you feel that after calling member services & speaking to a representative, you had the information or help that you needed?	76	72%	28%
Since joining the CountyCare Health Plan, do you feel better (more healthy)?	97	89%	11%
Have you used the CountyCare website (www.CountyCare.com) to find information about your coverage?	99	22%	78%
Are you worried about a place to stay tonight or in the near future?	98	44%	56%
Are you worried that the food for you &/or your family will run out before there is money to buy more?	95	32%	68%
Would you recommend CountyCare Health Plan to a friend or family member?	96	96%	4%

Parting EAC Comments

I have been truly blessed through County Care services and the services I receive at Provident Hospital. If it hadn't been for this insurance my health would be very bad.
– Anonymous

CountyCare has helped me in many ways, without any health insurance I had bad trouble.
– D. R.

Thank God for CountyCare.
It's very helpful.
– Anonymous

EAC Staff

Marcelino Garcia, CCHHS Director of Community Affairs, EAC Chair

Heather Holberg, CountyCare Enrollment Manager, EAC Co-Chair

Dee Clayton, CCHHS Director of Public Affairs, Provident Hospital

Tina Barksdale, CountyCare Director of Business Development

Michelle Graham, CountyCare Clinical Case Manager

Danielle Dean, Administrative Assistant IV, CountyCare

Willett Parr, Administrative Assistant III, Provident Hospital